

United States Bankruptcy Court
District of Delaware

CM/ECF Training Request Form

Instructions: Please fill out in Adobe Acrobat Reader, then save and e-mail completed form to Kelly_Moyer@deb.uscourts.gov, or print and fax completed form to the attention of Kelly Moyer at (302) 573-6654. You will be contacted to set up a date and time for training.

1. Name _____
(please do not list additional names here - use section provided later in this form)

2. Phone # _____ **3. E-Mail** _____

4. Name of Firm/Organization/Office _____

Address _____

City _____ **State** _____ **Zipcode** _____

5. Type of Filer:

- ☐ Attorney ☐ Attorney's Staff (your title) _____
☐ Case Trustee/Staff (list chapter(s), then skip to #8) _____
☐ U.S. Trustee/Staff (skip to #8)
☐ Contracted Company for e-filing services (name of company) _____
☐ Other (please describe) _____

6. What types of clients does your firm represent? (please check all that apply):

- ☐ Debtors ☐ Creditors ☐ Trustees ☐ Plaintiffs ☐ Defendants

7. In which of the following areas does your firm concentrate? (please check all that apply):

- ☐ Ch. 7 ☐ Ch. 9 ☐ Ch. 11 ☐ Ch. 12 ☐ Ch. 13 ☐ Adversary Matters

8. Additional persons from the same firm/organization who would like to be scheduled for training:

(if additional space is needed, please attach a separate sheet)

Name (2): _____ Title: _____

Phone # _____ E-Mail: _____

Name (3): _____ Title: _____

Phone # _____ E-Mail: _____

Name (4): _____ Title: _____

Phone # _____ E-Mail: _____

9. Please list any particular types of documents you would like training on e-filing or questions you'd like answered: (Ex. documents your office frequently files, documents you have questions about filing, etc.)

